

Fill in this information to identify the case:

Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **20-10016**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 3, 2020**

X /s/ Jaeson Birnbaum

Signature of individual signing on behalf of debtor

Jaeson Birnbaum

Printed name

Chief Executive Officer

Position or relationship to debtor

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Introduction

These *Global Notes, Methodology and Specific Disclosures Regarding the Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs* (the "Global Notes") pertain to, are incorporated by reference in, and comprise an integral part of the Schedules of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs ("Statements") for each of Liberty Bridge Capital Management GP, LLC, Cash4Cases, Inc., Liberty Bridge Capital Management IM, LLC, Liberty Bridge Settlement Clearing, LLC, Liberty Bridge Finco LLC, Liberty Bridge Capital Management, L.P., Diversified Pre-Settlement Portfolio I, A Series of Liberty Bridge Capital Management, L.P. and Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P. (each a "Debtor" and collectively, the "Debtors"). The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled with the financial statements of any Debtor. Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors' representatives' reasonable efforts to report the assets and liabilities of each Debtor.

In preparing the Schedules and Statements, the Debtors' professionals relied upon information derived from each Debtor's available books and records. However, certain of the Debtors did not maintain separate books and records or were otherwise incomplete. Parties should be advised that inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors' attorneys and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements, and shall not be liable for any loss or injury arising out of or caused, in whole or in part, by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, each Debtor and its attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized.

In reviewing and signing the Schedules and Statements, the Debtors' authorized person has relied upon the efforts, statements, and representations of the Debtors' professionals and in certain instances upon the Debtors' former personnel.

Global Notes and Overview of Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to a claim (“Claim”) description, designation; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as “disputed,” “contingent,” or “unliquidated;” or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by such Debtor that such Claim or amount is not “disputed,” “contingent,” or “unliquidated.” Listing a Claim does not constitute an admission of liability by such Debtor against which the Claim is listed or against such Debtor. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to each Debtor’s chapter 7 case, including, without limitation, issues involving Claims, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors are not hereby committing or obligating itself to update the Schedules and Statements.
2. **Description of Cases and “as of” Information Date.** The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of each Debtor as of the close of business on December 31, 2019, and the liability information provided herein, except as otherwise noted, represents the liability data of each Debtor as of the close of business on such date.
3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of the Debtors’ assets. Additionally, because the book values of certain assets, such as equipment may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
4. **Recharacterization.** Notwithstanding the reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, these may, nevertheless, have been improperly characterized, classified, categorized, designated, or omitted certain items. Accordingly, all rights are reserved to recharacterize, reclassify, recategorize, further designate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without

limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.

5. **Real Property and Personal Property–Leased.** In the ordinary course of its business, the Debtors may have leased various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. Reasonable efforts were made to list all such leases in the Schedules and Statements.
6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

7. **Executory Contracts and Unexpired Leases.** The Debtors known executory contracts and unexpired leases have been set forth in Schedule G of the Schedules, respectively.
8. **Classifications.** Listing a Claim or contract on (a) Schedule D as “secured,” (b) Schedule E/F part 1 as “priority,” (c) Schedule E/F part 2 as “unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission as to the legal rights of the claimant.
9. **Claims Description.** Schedules D and E/F permit the Debtors to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim as “disputed,” “contingent,” or “unliquidated” does not constitute an admission that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. For the avoidance of doubt, given the authorized person’s present inability to verify the accuracy and completeness of the Debtors’ books and records, the Debtors have determined to designate certain claims as “disputed.” The overall effect of this determination will be that certain creditors are required to file proofs of their claims by a bar date to be established in this case.
10. **Causes of Action.** Despite reasonable efforts to identify all known assets, the authorized person may not have listed all of the Debtors’ causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. All rights are reserved with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power,

privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, whether asserted directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, “Causes of Action”), and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

11. **Global Notes Control.** If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtors’ Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of each of the Debtor’s assets as of the close of business on December 31, 2019, unless otherwise noted below.

Schedule A/B part 3. The Debtors’ business operations involve the purchase from tort plaintiffs of all or a portion of such plaintiff’s recovery from litigation claims. The Debtors’ aggregate receivables consist of the principal portion of the amounts purchased as well as an interest accrual which is presented with a 50% reserve. On account of intercompany transfers associated with these assets and the uncertainty of title at present, the aggregate value of the receivable assets are reflected on more than one of the Debtor’s Schedule A/B.

Schedule A/B part 7, 8 and 9. Values related to furniture, equipment, building, vehicles and real property listed on Schedule A/B part 7, 8 and 9 are as the current market value, if known.

Schedule D. The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

The Debtors have reflected three types of creditors and notice parties on Schedule D: 1) institutional parties that advanced funds to one or more of the Debtors and which advances were secured by security agreements on various assets; 2) individual parties that advanced funds and which related agreements identified certain assets as collateral; and 3) various other parties that purchased and assumed certain Debtor’s rights as to receivables subject to collection.

Schedule E/F part 1. The Claimants listed in this category are for noticing purposes only. The Debtors are currently unaware of any amounts due to these Claimants.

Schedule E/F part 2. The Debtors have used reasonable efforts to report all general unsecured Claims against each the Debtor on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, no Debtor listed a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving each Debtor. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E//F may be subject to subordination pursuant to section 510 of the Bankruptcy Code or otherwise. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors' liabilities with respect to any of the potential suits and proceedings included therein.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G. Certain information, such as the contact information of the counterparty, may not be included where such information could not be obtained through reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that (i) such contract or agreement is or is not an executory contract, (ii) such unexpired lease was in effect on the Petition Date, or (iii) such contract or agreement is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other

document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of its business, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such agreements may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

Schedule H. For purposes of Schedule H, the parties that are either the principal obligors or guarantors under the prepetition debt facilities are listed as co-debtors on Schedule H.

In the ordinary course of its business, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

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Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **20-10016**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 39,671,868.67
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 39,671,868.67

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 15,875,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 685,300.06
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 16,560,300.06

Fill in this information to identify the case:

Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **20-10016**☐ Check if this is an amended filing**Official Form 206A/B**
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Signature Bank****0993****\$23,517.17****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$23,517.17**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:

25,236,679.00

-

0.00

= ...

\$25,236,679.00

face amount

doubtful or uncollectible accounts

Debtor **Diversified Pre-Settlement Portfolio II, A Series of
Liberty Bridge Capital Management, L.P.**
Name

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11a. 90 days old or less: 28,823,345.00 - 14,411,672.50 = \$14,411,672.50
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$39,648,351.50

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor **Diversified Pre-Settlement Portfolio II, A Series of
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Name

Case number (If known) **20-10016**

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Diversified Pre-Settlement Portfolio II, A Series of
Liberty Bridge Capital Management, L.P.**
Name

Case number (If known) **20-10016**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$23,517.17	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$39,648,351.50	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$39,671,868.67	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$39,671,868.67

Case number (if known) **20-10016**

Best Case Bankruptcy

Fill in this information to identify the case:

Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **20-10016**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 5th Avenue Anesthesia 1049 5th Ave New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	Unknown <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address 5th Avenue Surgery Center 1049 5th Ave New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	Unknown <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Access Healthcare Management, LLC 751 E. Bayou Pines Suite Q Lake Charles, LA 70601 Date(s) debt was incurred ____ Last 4 digits of account number ____	Unknown <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Advanced Diagnostics Hospital 8305 Knight Road Houston, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	Unknown <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P. <small>Name</small>	Case number (if known)	20-10016
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3.5	Nonpriority creditor's name and mailing address Advanced Orthopaedics PLLC 80-02 Kew Gardens Road 5th Floor Kew Gardens Hills, NY 11415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.6	Nonpriority creditor's name and mailing address Alabama Secretary Of State 600 Dexter Avenue Montgomery, AL 36130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.7	Nonpriority creditor's name and mailing address Allboro Advance, Corp Allboro Advance Corp 70 East Sunrise Highway Suite 500 Valley Stream, NY 11581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.8	Nonpriority creditor's name and mailing address Alston & Bird 90 Park Avenue New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$445,586.76
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3.9	Nonpriority creditor's name and mailing address Altus Health Care (facility) Altus Health Care (facility) Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.10	Nonpriority creditor's name and mailing address Altus Hospital 6011 W Sam Houston Pkwy S Houston, TX 77072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.11	Nonpriority creditor's name and mailing address American Legal Finance Association 818 Connecticut Ave NW Suite 110 Washington, DC 20006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor		Case number (if known)	
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Name			
3.12	Nonpriority creditor's name and mailing address Argonaut 1750 Sky Lark Ln. Houston, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.13	Nonpriority creditor's name and mailing address Ashirus, LLC 181 Cherry Lane Teaneck, NJ 07666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.14	Nonpriority creditor's name and mailing address Bank of America 280 Madison Avenue New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.15	Nonpriority creditor's name and mailing address Bay Area Recovery Center 1807 FM 517 Rd E Dickinson, TX 77539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.16	Nonpriority creditor's name and mailing address BCP Funding 11201 N Tatum Blvd Suite 300 Phoenix, AZ 85028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.17	Nonpriority creditor's name and mailing address Bronx County Bar Endowment Fund 851 Grand Concourse Bronx, NY 10451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.18	Nonpriority creditor's name and mailing address California Secretary of State 1500 11th Street Sacramento, CA 95814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor		Case number (if known)
Name		
Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.		20-10016
3.19	Nonpriority creditor's name and mailing address Capital Legal Funding, LLC Eugene Goldman 152-18 Union Turnpike Apt 10A Flushing, NY 11367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.20	Nonpriority creditor's name and mailing address Cash 4 Cases Inc. 280 Madison Avenue New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.21	Nonpriority creditor's name and mailing address Cipolla 851 Franklin Lake Rd Franklin Lakes, NJ 07417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.22	Nonpriority creditor's name and mailing address CNA Surety P.O Box 957312 St. Louis, MO 63195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.23	Nonpriority creditor's name and mailing address Connecticut Secretary of State 30 Trinity Street Hartford, CT 06106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.24	Nonpriority creditor's name and mailing address Cornerstone Regional Hospital 2302 Cornerstone Blvd. Edinburg, TX 78539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.25	Nonpriority creditor's name and mailing address CorpCo 910 Foulk Road Suite 201 Wilmington, DE 19803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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3.26	Nonpriority creditor's name and mailing address Creedmoor Orthopedics 8019 S New Braunfels Ave Suite #105 San Antonio, TX 78235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.27	Nonpriority creditor's name and mailing address CRM Passport LLC 33 Gold Street Apartment 322 New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address CSC P.O. Box 13397 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.29	Nonpriority creditor's name and mailing address CT Corporation 28 Liberty St Floor 42 New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.30	Nonpriority creditor's name and mailing address David B. Hooten, Oklahoma County Clerk 320 Robert S. Kerr Avenue Room 203 Oklahoma City, OK 73102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.31	Nonpriority creditor's name and mailing address Delaware Secretary of State 401 Federal St #4 Dover, DE 19901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.32	Nonpriority creditor's name and mailing address Delux Checks 3680 Victoria Street North Shoreview, MN 55126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor		Case number (if known)	
Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.		20-10016	
Name			
3.33	Nonpriority creditor's name and mailing address Direct Legal Funding 60 Avenue B Suite 4B New York, NY 10009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.34	Nonpriority creditor's name and mailing address Dom Ben Realty Corporation 280 Madison Avenue Suite 900 New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.35	Nonpriority creditor's name and mailing address Dr. Darrell L. Henderson 401 N College Rd Suite 3 Lafayette, LA 70506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.36	Nonpriority creditor's name and mailing address Dr. Liu, M.D. 19016 Stone Oak Pkwy Suite 220 San Antonio, TX 78258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.37	Nonpriority creditor's name and mailing address Dr. Owusu, MD. 559 W. Side Avenue Jersey City, NJ 07304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.38	Nonpriority creditor's name and mailing address Dr. Steven Struhl 136 E 57th St Suite 1501 New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.39	Nonpriority creditor's name and mailing address Earth Class Mail 228 Park Ave S New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

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3.40	Nonpriority creditor's name and mailing address Eisner Amper 750 Third Ave New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.41	Nonpriority creditor's name and mailing address Everest Consulting Services 3840 Park Ave Edison, NJ 08820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.42	Nonpriority creditor's name and mailing address FedEx P.O. Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.43	Nonpriority creditor's name and mailing address Fidelity Legal Funding, LLC PO Box 251558 Los Angeles, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.44	Nonpriority creditor's name and mailing address Florida Secretary of State 500 South Bronough Street Tallahassee, FL 32399 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.45	Nonpriority creditor's name and mailing address FreedomVoice 5600 Avenida Encinas, Suite 170 Carlsbad, CA 92008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.46	Nonpriority creditor's name and mailing address Genius Computer Solutions, Inc. 62 Williams Street 4th Floor New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.47	Nonpriority creditor's name and mailing address Georgia Clerks Authority 1875 Century Boulevard Atlanta, GA 30345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.48	Nonpriority creditor's name and mailing address Global Financial Credit, LLC 16905 Northcross Dr. Suite 300 Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.49	Nonpriority creditor's name and mailing address Golden Pear Funding, LLC 1200 Morris Drive Chesterbrook, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.50	Nonpriority creditor's name and mailing address Google, LLC 1600 Ampitheather Pkwy Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.51	Nonpriority creditor's name and mailing address GSD Company 135 E 57th St New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.52	Nonpriority creditor's name and mailing address Harlingen Anesthesia Associates 1702 N Ed Carey Dr Harlingen, TX 78550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.53	Nonpriority creditor's name and mailing address High Rise Financial High Rise Financial PO Box 25638 Los Angeles, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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Name					
3.54	Nonpriority creditor's name and mailing address HiTouch PO Box 930257 Atlanta, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	
3.55	Nonpriority creditor's name and mailing address ICG Consulting & Law Advance ICG Consulting & Law Advance 637 Wyckoff Suite 174 Wyckoff, NJ 07481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	
3.56	Nonpriority creditor's name and mailing address Illinois Secretary of State 213 State Capitol Springfield, IL 62756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	
3.57	Nonpriority creditor's name and mailing address Indiana Secretary of State 200 W. Washington St. Room 201 Indianapolis, IN 46204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	
3.58	Nonpriority creditor's name and mailing address K & L Gates, LLP 1600 Ampitheather Pkwy Wilmington, DE 19801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	
3.59	Nonpriority creditor's name and mailing address Key Operation Network 132 Sawmill Rd Sparta, NJ 07871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	
3.60	Nonpriority creditor's name and mailing address Korthi Capital LLC 129 W 12th St New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown	

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3.61	Nonpriority creditor's name and mailing address LA Downtown Medical Center 1711 W Temple St Los Angeles, CA 90026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.62	Nonpriority creditor's name and mailing address Lakeworth Surgery Center 7408 Lake Worth Rd Suite 900 Lake Worth, FL 33467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address Lawrence Lovecchio Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address Litigation Capital Investors 1264 Washington Avenue Township of Washington, NJ 07676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Louisiana SOS 8585 Archives Ave Baton Rouge, LA 70809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address LSF1, LLC LSF1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.67	Nonpriority creditor's name and mailing address Luminor Surgical Center LLC 24165 IH 10 West suite 217 #104 San Antonio, TX 78257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor		Case number (if known)
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3.68	Nonpriority creditor's name and mailing address Maine Secretary of State 148 State House Station Augusta, ME 04333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.69	Nonpriority creditor's name and mailing address Massachusetts Secretary of State One Ashburton Place Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.70	Nonpriority creditor's name and mailing address Medceo Tex, LLC Medceo Tex Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.71	Nonpriority creditor's name and mailing address Memorial Hermann Surgery Center 6400 Fannin Street Suite 1500 Houston, TX 77030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.72	Nonpriority creditor's name and mailing address Memorial Village Surgery Center 1120 Business Center Dr #110 Houston, TX 77043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.73	Nonpriority creditor's name and mailing address Michigan Secretary of State 430 W Allegan St Lansing, MI 48918 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.74	Nonpriority creditor's name and mailing address Mighty Group Inc 48 West 25th Street 3rd Floor New York, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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3.75	Nonpriority creditor's name and mailing address Mississippi SOS 401 Mississippi Street Jackson, MS 39201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.76	Nonpriority creditor's name and mailing address Missouri Secretary of State 600 West Main Street Jefferson City, MO 65101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.77	Nonpriority creditor's name and mailing address Momentum Funding, LLC 6001 Broken Sound Parkway NW Suite 150 Boca Raton, FL 33487 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.78	Nonpriority creditor's name and mailing address Narciso Gonzalez, MD 2130 NE Interstate 410 Loop Suite 375 San Antonio, TX 78217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.79	Nonpriority creditor's name and mailing address NES Financial Corp 50 W San Fernando Street Suite 300 San Jose, CA 95113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.80	Nonpriority creditor's name and mailing address NeuroConnect 13938 Britoak Lane Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.81	Nonpriority creditor's name and mailing address New Mexico SOS 325 Don Gaspar Suite 300 Santa Fe, NM 87501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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3.82	Nonpriority creditor's name and mailing address New York Secretary of State 123 William Street New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.83	Nonpriority creditor's name and mailing address NJ SOS P.O. Box 450 Trenton, NJ 08646-0303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.84	Nonpriority creditor's name and mailing address Nova Legal Funding Nova Legal Funding 11601 Wilshire Blvd Suite 410 Los Angeles, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.85	Nonpriority creditor's name and mailing address Oasis Financial 9525 W. Bryn Mawr Ave. Suite 900 Rosemont, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.86	Nonpriority creditor's name and mailing address Ohio Secretary of State 22 N 4th St Columbus, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.87	Nonpriority creditor's name and mailing address Oil Center Surgical Plaza 1000 W Pinhook Rd Lafayette, LA 70503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.88	Nonpriority creditor's name and mailing address Ok Neurosurgery 12121 Richmond Avenue # 324 Houston, TX 77082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.89	Nonpriority creditor's name and mailing address OK Neurosurgery, PA (surgeon) 12121 Richmond Avenue # 324 Houston, TX 77082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.90	Nonpriority creditor's name and mailing address Optimum Med Care, LLC 24-38 Beckwith Ave Paterson, NJ 07503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.91	Nonpriority creditor's name and mailing address OrthoMed 4710 Katy Freeway suite A Houston, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.92	Nonpriority creditor's name and mailing address Pashman Stein PC Court Plaza South 21 Main St #200 Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.93	Nonpriority creditor's name and mailing address Patrick Pait 132 Saw Mill Rd Sparta, NJ 07871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.94	Nonpriority creditor's name and mailing address PayChex 1175 John Street West Henrietta, NY 14586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.95	Nonpriority creditor's name and mailing address Peachtree 1200 Morris Drive Chesterbrook, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.96	Nonpriority creditor's name and mailing address Pennsylvania SOS 401 North Street Harrisburg, PA 17120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.97	Nonpriority creditor's name and mailing address Plaintiff Holding V, LLC 26 Court Street Brooklyn, NY 11242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.98	Nonpriority creditor's name and mailing address Pre-settlement Funding Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99	Nonpriority creditor's name and mailing address Prime Case Funding, LLC 11 Broadway Suite 1000 New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.100	Nonpriority creditor's name and mailing address Ralph Attanasio Hunters Pointe Middletown, NJ 07748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.101	Nonpriority creditor's name and mailing address Raul Sloezen 18 Hasbrouck Avenue Emerson, NJ 07630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.102	Nonpriority creditor's name and mailing address Raul Sloezen 18 Hasbrouck Avenue Emerson, NJ 07630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.103	Nonpriority creditor's name and mailing address RCATV P.O. Box 3243 Greenwood Village, CO 80155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.104	Nonpriority creditor's name and mailing address Roxbury Anesthesia 1561 John F. Kennedy Blvd Jersey City, NJ 07305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.105	Nonpriority creditor's name and mailing address Salesforce.com Inc. P.O. Box 203141 Dallas, TX 75320-3141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.106	Nonpriority creditor's name and mailing address Sarah Lockart 125 E 93rd Street Apt 5C New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.107	Nonpriority creditor's name and mailing address Segue Cloud Services LLC 62 Mill Hill Rd Woodstock, NY 12498 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.108	Nonpriority creditor's name and mailing address ShredX P.O Box 462 Lyndhurst, NJ 07071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.109	Nonpriority creditor's name and mailing address Signature Bank 261 Madison Ave New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.110	Nonpriority creditor's name and mailing address Signature Bank 261 Madison Ave New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.111	Nonpriority creditor's name and mailing address Silver City Hospital Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.112	Nonpriority creditor's name and mailing address Silver Lake Hospital Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.113	Nonpriority creditor's name and mailing address Silver Lake Medical Center Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.114	Nonpriority creditor's name and mailing address South Carolina Secretary of State 205 Pendleton Street Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.115	Nonpriority creditor's name and mailing address SPAR Insurance Agency, LLC 96 W Main St Freehold, NJ 07728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.116	Nonpriority creditor's name and mailing address Staples Direct 500 Staples Drive Framingham, MA 01702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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3.117	Nonpriority creditor's name and mailing address Stat Diagnostics 4710 Katy Freeway Suite A Houston, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.118	Nonpriority creditor's name and mailing address Surgeons Upfront Fee Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.119	Nonpriority creditor's name and mailing address Surgery Center, Inc. Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.120	Nonpriority creditor's name and mailing address Surgicore of Jersey City 550 Newark Ave Jersey City, NJ 07306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.121	Nonpriority creditor's name and mailing address SurgiQuest 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.122	Nonpriority creditor's name and mailing address Surgiquest (hardware) 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.123	Nonpriority creditor's name and mailing address SurgiQuip 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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3.124	Nonpriority creditor's name and mailing address Surgiquip (Assist / DME/ Preop lab) 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.125	Nonpriority creditor's name and mailing address SurgiQuip-(Hardware and DME) 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.126	Nonpriority creditor's name and mailing address SurgQuip - DME 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.127	Nonpriority creditor's name and mailing address SW General Hospital 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.128	Nonpriority creditor's name and mailing address Tennessee Secretary of State 312 Rosa L. Parks Avenue Nashville, TN 37243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.129	Nonpriority creditor's name and mailing address Texas International Pain Specialist 911 West 8th Street Ste 303 Austin, TX 78705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.130	Nonpriority creditor's name and mailing address Texas Secretary of State 1019 Brazos St Austin, TX 78701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.		Case number (if known) 20-10016
Name		
3.131	Nonpriority creditor's name and mailing address The Better Business Bureau 30 East 33rd Street New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.132	Nonpriority creditor's name and mailing address Thomas Matarazzo 3 Winslow Circle Tuckahoe, NY 10707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$21,000.00
3.133	Nonpriority creditor's name and mailing address Tiger Valley Medical Group Inc. 13938 Britoak Ln Houston, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.134	Nonpriority creditor's name and mailing address Triumph Legal Funding, LLC 140 Fairfield Road Fairfield, NJ 07004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$189,012.00
3.135	Nonpriority creditor's name and mailing address Uplift Legal Funding 21515 Hawthorne Blvd. Suite 200 Torrance, CA 90503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.136	Nonpriority creditor's name and mailing address US Anesthesia Partners 1120 Business Center Dr. #110 Houston, TX 77043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.137	Nonpriority creditor's name and mailing address US Claims 1221 N. Church Street # 103 Moorestown, NJ 08057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.		Case number (if known) 20-10016
Name		

3.138	Nonpriority creditor's name and mailing address Verizon PO Box 15124 Albany, NY 12212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.139	Nonpriority creditor's name and mailing address Virginia Secretary of State P.O. Box 1197 Richmond, VA 23218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.140	Nonpriority creditor's name and mailing address Washington State SOS PO Box 40220 Olympia, WA 98504-0220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.141	Nonpriority creditor's name and mailing address Wells Smith 1750 Sky Lark Ln. Houston, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.142	Nonpriority creditor's name and mailing address Wilmington Trust P.O. Box 8955 Wilmington, DE 19899-8955 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,701.30
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3.143	Nonpriority creditor's name and mailing address Wingman Marketing 25562 Old Course Way San Clarita, CA 91355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.144	Nonpriority creditor's name and mailing address Wisconsin Secretary of State P.O. Box 7848 Madison, WI 53707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P. <small>Name</small>	Case number (if known)	20-10016
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3.145	Nonpriority creditor's name and mailing address Zoran Cupid, MD 140 Business Center Dr #101 Houston, TX 77043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	On which line in Part 1 or Part 2 is the related creditor (if any) listed? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last 4 digits of account number, if any <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 685,300.06
5c.	\$ 685,300.06

Fill in this information to identify the case:

Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **20-10016**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **20-10016**

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name **Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **20-10016**

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From **1/01/2019** to **12/31/2019**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

Unknown

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

3.1. **Dustin Adams**

**10/10/19
10/31/19
12/2/19**

\$7,500.00

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☒ Other _____

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.2. Luis Batista-Reyes	11/4/19 12/2/19	\$7,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.3. Kevin Beam	11/4/19 11/19/19 12/16/19	\$9,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.4. Kendra Lambert	10/1/19 10/31/19 12/2/19	\$9,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. Timothy Lerette	10/2/19 10/31/19	\$9,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.6. Felipe Maldonado	10/15/19 11/19/19 12/16/19	\$8,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.7. Chiedu Obi	10/1/19 10/22/19 10/31/19 12/2/19	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.8. Robert Sayles	10/4/19 10/31/19 12/2/19	\$9,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.9. Jamie Taylor	10/1/19 10/31/19 12/2/19	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.10 Patrick Taylor	10/1/19 10/31/19 12/2/19	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ___
3.11 Triumph Legal Funding, LLC 140 Fairfield Road Fairfield, NJ 07004	10/11/19 10/16/19 10/24/19	\$50,300.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016****Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Ryniker Consultants, LLC 156 Dubois Avenue, Floor 2 Sea Cliff, NY 11579		12/11/19 - \$40,000 12/23/19 - \$40,000	\$80,000.00
	Email or website address brian@rynikerllc.com			
	Who made the payment, if not debtor? Liberty Bridge Capital Management IM, LLC paid aggregate retainer on behalf of affiliated debtors			
11.2.	Klestadt Winters Jureller Southard & Stevens, LLP 200 West 41st Street, 17th Floor New York, NY 10036-7203		12/30/19	\$125,000.00
	Email or website address ssouthard@klestadt.com			
	Who made the payment, if not debtor? Liberty Bridge Capital Management IM, LLC paid aggregate retainer on behalf of affiliated debtors			

12. Self-settled trusts of which the debtor is a beneficiary

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None
Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☐ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26a.1. **Cipolla Financial Advisors, LLC**
1325 Avenue of the Americas, 28th Floor
New York, NY 10019

26a.2. **EisnerAmper**
750 Third Avenue
New York, NY 10017

26a.3. **Marc M. Radin PC, C.P.A.**
126 Valley Road, 2nd Floor
Glen Rock, NJ 07452

26a.4. **Teitelbaum & Company**
500 Wythe Avenue
Brooklyn, NY 11249

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**Case number (if known) **20-10016**☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Jaeson Birnbaum	9 Cameron Road Saddle River, NJ 07458	Chief Executive Officer	
Liberty Bridge Capital Management GP, LLC	280 Madison Avenue New York, NY 10017	general partner of Liberty Bridge Capital Management, L.P.	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.**Name and address of recipient****Amount of money or description and value of property****Dates****Reason for providing the value****31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**☒ No☐ Yes. Identify below.**Name of the pension fund****Employer Identification number of the parent corporation**

Debtor **Diversified Pre-Settlement Portfolio II, A Series of Liberty
Bridge Capital Management, L.P.**

Case number (if known) **20-10016**

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 3, 2020**

/s/ Jaeson Birnbaum

Signature of individual signing on behalf of the debtor

Jaeson Birnbaum

Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
Southern District of New York**

In re	Diversified Pre-Settlement Portfolio II, A Series of Liberty Bridge Capital Management, L.P.	Case No.	20-10016
	Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

I, the Chief Executive Officer of the partnership named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 3, 2020

/s/ Jaeson Birnbaum
Jaeson Birnbaum/Chief Executive Officer
Signer/Title

5TH AVENUE ANESTHESIA
1049 5TH AVE
NEW YORK, NY 10028

5TH AVENUE SURGERY CENTER
1049 5TH AVE
NEW YORK, NY 10028

ACCESS HEALTHCARE MANAGEMENT, LLC
751 E. BAYOU PINES SUITE Q
LAKE CHARLES, LA 70601

ADVANCED DIAGNOSTICS HOSPITAL
8305 KNIGHT ROAD
HOUSTON, TX 77054

ADVANCED ORTHOPAEDICS PLLC
80-02 KEW GARDENS ROAD
5TH FLOOR
KEW GARDENS HILLS, NY 11415

ALABAMA SECRETARY OF STATE
600 DEXTER AVENUE
MONTGOMERY, AL 36130

ALLBORO ADVANCE, CORP
ALLBORO ADVANCE
CORP 70 EAST SURISE HIGHWAY
SUITE 500 VALLEY STREAM, NY 11581

ALSTON & BIRD
90 PARK AVENUE
NEW YORK, NY 10016

ALTUS HEALTH CARE (FACILITY)
ALTUS HEALTH CARE (FACILITY)

ALTUS HOSPITAL
6011 W SAM HOUSTON PKWY S
HOUSTON, TX 77072

AMERICAN LEGAL FINANCE ASSOCIATION
818 CONNECTICUT AVE NW SUITE 110
WASHINGTON, DC 20006

ARGONAUT
1750 SKY LARK LN.
HOUSTON, TX 77056

ASHIRUS, LLC
181 CHERRY LANE
TEANECK, NJ 07666

BANK OF AMERICA
280 MADISON AVENUE
NEW YORK, NY 10016

BAY AREA RECOVERY CENTER
1807 FM 517 RD E
DICKINSON, TX 77539

BCP FUNDING
11201 N TATUM BLVD SUITE 300
PHOENIX, AZ 85028

BCP SPECIAL OPPORTUNITIES
FUND I HOLDINGS LP, AS AGENT
650 MADISON AVENUE, FLOOR 23
NEW YORK, NY 10022

BRONX COUNTY BAR ENDOWMENT FUND
851 GRAND CONCOURSE
BRONX, NY 10451

CALIFORNIA SECRETARY OF STATE
1500 11TH STREET
SACRAMENTO, CA 95814

CAPITAL LEGAL FUNDING, LLC
EUGENE GOLDMAN 152-18 UNION TURNPIKE
APT 10A
FLUSHING, NY 11367

CASH 4 CASES INC.
280 MADISON AVENUE
NEW YORK, NY 10017

CIPOLLA
851 FRANKLIN LAKE RD
FRANKLIN LAKES, NJ 07417

CNA SURETY
P.O BOX 957312
ST. LOUIS, MO 63195

CONNECTICUT SECRETARY OF STATE
30 TRINITY STREET
HARTFORD, CT 06106

CORNERSTONE REGIONAL HOSPITAL
2302 CORNERSTONE BLVD.
EDINBURG, TX 78539

CORPCO
910 FOULK ROAD SUITE 201
WILMINGTON, DE 19803

CREEDMOOR ORTHOPEDICS
8019 S NEW BRAUNFELS AVE SUITE #105
SAN ANTONIO, TX 78235

CRM PASSPORT LLC
33 GOLD STREET APARTMENT 322
NEW YORK, NY 10038

CSC
P.O. BOX 13397
PHILADELPHIA, PA 19101

CT CORPORATION
28 LIBERTY ST FLOOR 42
NEW YORK, NY 10005

DAVID B. HOOTEN, OKLAHOMA COUNTY CLERK
320 ROBERT S. KERR AVENUE ROOM 203
OKLAHOMA CITY, OK 73102

DELAWARE SECRETARY OF STATE
401 FEDERAL ST #4
DOVER, DE 19901

DELUX CHECKS
3680 VICTORIA STREET
NORTH SHOREVIEW, MN 55126

DIRECT LEGAL FUNDING
60 AVENUE B SUITE 4B
NEW YORK, NY 10009

DOM BEN REALTY CORPORATION
280 MADISON AVENUE SUITE 900
NEW YORK, NY 10016

DR. DARRELL L. HENDERSON
401 N COLLEGE RD SUITE 3
LAFAYETTE, LA 70506

DR. LIU, M.D.
19016 STONE OAK PKWY SUITE 220
SAN ANTONIO, TX 78258

DR. OWUSU, MD.
559 W. SIDE AVENUE
JERSEY CITY, NJ 07304

DR. STEVEN STRUHL
136 E 57TH ST SUITE 1501
NEW YORK, NY 10022

EARTH CLASS MAIL
228 PARK AVE S
NEW YORK, NY 10003

EISNER AMPER
750 THIRD AVE
NEW YORK, NY 10017

EVEREST CONSULTING SERVICES
3840 PARK AVE
EDISON, NJ 08820

FEDEX
P.O. BOX 371461
PITTSBURGH, PA 15250-7461

FIDELITY LEGAL FUNDING, LLC
PO BOX 251558
LOS ANGELES, CA 90025

FLORIDA SECRETARY OF STATE
500 SOUTH BRONOUGH STREET
TALLAHASSEE, FL 32399

FREEDOMVOICE
5600 AVENIDA ENCINAS, SUITE 170
CARLSBAD, CA 92008

GENIUS COMPUTER SOLUTIONS, INC.
62 WILLIAMS STREET 4TH FLOOR
NEW YORK, NY 10005

GEORGIA CLERKS AUTHORITY
1875 CENTURY BOULEVARD
ATLANTA, GA 30345

GLOBAL FINANCIAL CREDIT, LLC
16905 NORTHCROSS DR.
SUITE 300
HUNTERSVILLE, NC 28078

GOLDEN PEAR FUNDING, LLC
1200 MORRIS DRIVE
CHESTERBROOK, PA 19087

GOOGLE, LLC
1600 AMPITHEATHER PKWY
MOUNTAIN VIEW, CA 94043

GSD COMPANY
135 E 57TH ST
NEW YORK, NY 10022

HARLINGEN ANESTHESIA ASSOCIATES
1702 N ED CAREY DR
HARLINGEN, TX 78550

HIGH RISE FINANCIAL
HIGH RISE FINANCIAL PO BOX 25638
LOS ANGELES, CA 90025

HITOUCH
PO BOX 930257
ATLANTA, GA 31193

ICG CONSULTING & LAW ADVANCE
ICG CONSULTING & LAW ADVANCE 637 WYCKOFF
SUITE 174
WYCKOFF, NJ 07481

ILLINOIS SECRETARY OF STATE
213 STATE CAPITOL
SPRINGFIELD, IL 62756

INDIANA SECRETARY OF STATE
200 W. WASHINGTON ST. ROOM 201
INDIANAPOLIS, IN 46204

K & L GATES, LLP
1600 AMPITHEATHER PKWY
WILMINGTON, DE 19801

KEY OPERATION NETWORK
132 SAWMILL RD
SPARTA, NJ 07871

KORTHI CAPITAL LLC
129 W 12TH ST
NEW YORK, NY 10011

LA DOWNTOWN MEDICAL CENTER
1711 W TEMPLE ST
LOS ANGELES, CA 90026

LAKEWORTH SURGERY CENTER
7408 LAKE WORTH RD SUITE 900
LAKE WORTH, FL 33467

LAWRENCE LOVECCHIO

LITIGATION CAPITAL INVESTORS
1264 WASHINGTON AVENUE
TOWNSHIP OF WASHINGTON, NJ 07676

LOUISIANA SOS
8585 ARCHIVES AVE
BATON ROUGE, LA 70809

LSF1, LLC
LSF1

LUMINOR SURGICAL CENTER LLC
24165 IH 10 WEST SUITE 217 #104
SAN ANTONIO, TX 78257

MAINE SECRETARY OF STATE
148 STATE HOUSE STATION
AUGUSTA, ME 04333

MASSACHUSETTS SECRETARY OF STATE
ONE ASHBURTON PLACE
BOSTON, MA 02108

MEDCEO TEX, LLC
MEDCEO TEX

MEMORIAL HERMANN SURGERY CENTER
6400 FANNIN STREET
SUITE 1500
HOUSTON, TX 77030

MEMORIAL VILLAGE SURGERY CENTER
1120 BUSINESS CENTER DR #110
HOUSTON, TX 77043

MICHIGAN SECRETARY OF STATE
430 W ALLEGAN ST
LANSING, MI 48918

MIGHTY GROUP INC
48 WEST 25TH STREET 3RD FLOOR
NEW YORK, NY 10010

MISSISSIPPI SOS
401 MISSISSIPPI STREET
JACKSON, MS 39201

MISSOURI SECRETARY OF STATE
600 WEST MAIN STREET
JEFFERSON CITY, MO 65101

MOMENTUM FUNDING, LLC
6001 BROKEN SOUND PARKWAY NW SUITE 150
BOCA RATON, FL 33487

NARCISO GONZALEZ, MD
2130 NE INTERSTATE 410 LOOP SUITE 375
SAN ANTONIO, TX 78217

NES FINANCIAL CORP
50 W SAN FERNANDO STREET SUITE 300
SAN JOSE, CA 95113

NEUROCONNECT
13938 BRITOAK LANE
HOUSTON, TX 77079

NEW MEXICO SOS
325 DON GASPAR SUITE 300
SANTA FE, NM 87501

NEW YORK SECRETARY OF STATE
123 WILLIAM STREET
NEW YORK, NY 10038

NJ SOS
P.O. BOX 450
TRENTON, NJ 08646-0303

NOVA LEGAL FUNDING
NOVA LEGAL FUNDING 11601 WILSHIRE BLVD
SUITE 410
LOS ANGELES, CA 90049

OASIS FINANCIAL
9525 W. BRYN MAWR AVE.
SUITE 900
ROSEMONT, IL 60018

OHIO SECRETARY OF STATE
22 N 4TH ST
COLUMBUS, OH 43215

OIL CENTER SURGICAL PLAZA
1000 W PINHOOK RD
LAFAYETTE, LA 70503

OK NEUROSURGERY
12121 RICHMOND AVENUE # 324
HOUSTON, TX 77082

OK NEUROSURGERY, PA (SURGEON)
12121 RICHMOND AVENUE # 324
HOUSTON, TX 77082

OPTIMUM MED CARE, LLC
24-38 BECKWITH AVE
PATERSON, NJ 07503

ORTHOMED
4710 KATY FREEWAY
SUITE A
HOUSTON, TX 77007

PASHMAN STEIN PC
COURT PLAZA SOUTH 21 MAIN ST #200
HACKENSACK, NJ 07601

PATRICK PAIT
132 SAW MILL RD
SPARTA, NJ 07871

PAYCHEX
1175 JOHN STREET
WEST HENRIETTA, NY 14586

PEACHTREE
1200 MORRIS DRIVE
CHESTERBROOK, PA 19087

PENNSYLVANIA SOS
401 NORTH STREET
HARRISBURG, PA 17120

PLAINTIFF HOLDING V, LLC
26 COURT STREET
BROOKLYN, NY 11242

PRE-SETTLEMENT FUNDING

PRIME CASE FUNDING, LLC
11 BROADWAY SUITE 1000
NEW YORK, NY 10004

RALPH ATTANASIO
HUNTERS POINTE
MIDDLETOWN, NJ 07748

RAUL SLOEZEN
18 HASBROUCK AVENUE
EMERSON, NJ 07630

RCATV
P.O. BOX 3243
GREENWOOD VILLAGE, CO 80155

ROXBURY ANESTHESIA
1561 JOHN F. KENNEDY BLVD
JERSEY CITY, NJ 07305

SALESFORCE.COM INC.
P.O. BOX 203141
DALLAS, TX 75320-3141

SARAH LOCKART
125 E 93RD STREET APT 5C
NEW YORK, NY 10128

SEGUE CLOUD SERVICES LLC
62 MILL HILL RD
WOODSTOCK, NY 12498

SHREDX
P.O BOX 462
LYNDHURST, NJ 07071

SIGNATURE BANK
261 MADISON AVE
NEW YORK, NY 10016

SILVER CITY HOSPITAL

SILVER LAKE HOSPITAL

SILVER LAKE MEDICAL CENTER

SOUTH CAROLINA SECRETARY OF STATE
205 PENDLETON STREET
COLUMBIA, SC 29201

SPAR INSURANCE AGENCY, LLC
96 W MAIN ST
FREEHOLD, NJ 07728

STAPLES DIRECT
500 STAPLES DRIVE
FRAMINGHAM, MA 01702

STAT DIAGNOSTICS
4710 KATY FREEWAY
SUITE A
HOUSTON, TX 77007

SURGEONS UPFRONT FEE

SURGERY CENTER, INC.

SURGICORE OF JERSEY CITY
550 NEWARK AVE
JERSEY CITY, NJ 07306

SURGIQUEST
13938 BRITOAK LN
HOUSTON, TX 77079

SURGIQUEST (HARDWARE)
13938 BRITOAK LN
HOUSTON, TX 77079

SURGIQUIP
13938 BRITOAK LN
HOUSTON, TX 77079

SURGIQUIP (ASSIST / DME/ PREOP LAB)
13938 BRITOAK LN
HOUSTON, TX 77079

SURGIQUIP-(HARDWARE AND DME)
13938 BRITOAK LN
HOUSTON, TX 77079

SURGQUIP - DME
13938 BRITOAK LN
HOUSTON, TX 77079

SW GENERAL HOSPITAL
13938 BRITOAK LN
HOUSTON, TX 77079

TENNESSEE SECRETARY OT STATE
312 ROSA L. PARKS AVENUE
NASHVILLE, TN 37243

TEXAS INTERNATIONAL PAIN SPECIALIST
911 WEST 8TH STREET STE 303
AUSTIN, TX 78705

TEXAS SECRETARY OF STATE
1019 BRAZOS ST
AUSTIN, TX 78701

THE BETTER BUSINESS BUREAU
30 EAST 33RD STREET
NEW YORK, NY 10016

THOMAS MATARAZZO
3 WINSLOW CIRCLE
TUCKAHOE, NY 10707

TIGER VALLEY MEDICAL GROUP INC.
13938 BRITOAK LN
HOUSTON, TX 77079

TRIUMPH LEGAL FUNDING, LLC
140 FAIRFIELD ROAD
FAIRFIELD, NJ 07004

UPLIFT LEGAL FUNDING
21515 HAWTHRONE BLVD.
SUITE 200
TORRANCE, CA 90503

US ANESTHESIA PARTNERS
1120 BUSINESS CENTER DR. #110
HOUSTON, TX 77043

US CLAIMS
1221 N. CHURCH STREET
103
MOORESTOWN, NJ 08057

VERIZON
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ALBANY, NY 12212

VIRGINIA SECRETARY OF STATE
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RICHMOND, VA 23218

WASHINGTON STATE SOS
PO BOX 40220
OLYMPIA, WA 98504-0220

WELLS SMITH
1750 SKY LARK LN.
HOUSTON, TX 77056

WILMINGTON TRUST
P.O. BOX 8955
WILMINGTON, DE 19899-8955

WINGMAN MARKETING
25562 OLD COURSE WAY
SAN CLARITA, CA 91355

WISCONSIN SECRETARY OF STATE
P.O. BOX 7848
MADISON, WI 53707

ZORAN CUPID, MD
140 BUSINESS CENTER DR #101
HOUSTON, TX 77043